AMENDMENT TRANSMITTAL LETTER						Docket No. 1560-0439PUS1	
Application No.		Filing			Examiner	Art Unit	
TO/OCC, CONT. NOT ELL.					J. W. Isom	2447	
Applicant(s): Kats	suyoshi FUJIW	ARA et al.					
nvention: DATA	FRANSMITTIN	G APPARATI	JS				
MS Amendment Commissioner for I P.O. Box 1450 Alexandria, VA 223	113-1450	d			U4:		
Transmitted here					lication.		
The fee has been	Calculated an						
CLAIMS AS AMENDED Claims Highest							
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present		Rate		
Total Claims	6	- 20 =	0	х	52.00	0.00	
Independent Claims	2	- 3 =	0	×	220.00	0.00	
Multiple Depend	ent Claims (ch	eck if applicabl	e)				
Other fee (please specify):							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.00	
x Large Entity					Small Entity		
x No additiona	I fee is require	d for this amer	ndment.				
Please charge Deposit Account No in the amount of \$  A duplicate copy of this sheet is enclosed.							
_ `	e amount of \$			sed			
=	credit card. Fo						
X The Director		orized to char	ge and credit			02-2448	
	ny overpaymer		uns sneet is t	endose	u.		
=			n nmcessina	fees rea	uired under 37	CFR 1.16 and 1.17.	
Michael R. Cam Attorney Reg. N	nmarata	ceд.#чо.Н1	)		Dated:C	ctober 23, 2009	
BIRCH, STEWA 8110 Gatehous Suite 100 East P.O. Box 747 Falls Church, V	e Road	·	_P				
(703) 205-8000		,					